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Assessing The Effectiveness of Media in Promoting Community Health in Lusaka, Zambia: A Case Study of Reproductive Health in Lusaka

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Abstract

This study examines the significant role of media in promoting community health initiatives, focusing on the experiences and perspectives of health workers in Lusaka, Zambia. It investigates the use of traditional media, such as radio and television, alongside digital platforms in disseminating crucial health information to address persistent challenges, including infectious diseases, malnutrition, and the rising prevalence of non-communicable diseases. The research critically evaluates the effectiveness of media-driven health promotion strategies, emphasizing key factors such as audience engagement, cultural relevance, and message clarity. Health workers, serving as vital intermediaries between media campaigns and the communities they aim to reach, are pivotal in translating health messages into practical actions that improve public health outcomes. The study highlights the strengths and weaknesses of existing media approaches, noting the broad reach and accessibility of media platforms but also identifying gaps such as insufficient audience targeting and limited cultural sensitivity. By assessing the impact of these strategies on health-related behaviours, the research outlines opportunities for improving public health communication frameworks. The findings emphasize the importance of culturally tailored and inclusive messaging and underscore the need for empowering health workers with the tools and resources necessary for effective community engagement. Ultimately, the study offers valuable insights for designing more impactful and culturally resonant health promotion strategies, with implications not only for Lusaka but also for similar urban contexts worldwide, where media can play a transformative role in addressing complex health challenges.

Keywords: Media, Health Promotion, Non-Communicable Diseases, Digital Platforms, Media Campaigns, Promotion Barrier

Introduction

Background of the Study

The role of media in promoting community health is critical, especially in urban areas like Lusaka, Zambia, where health challenges such as infectious diseases, malnutrition, and rising non-communicable diseases persist. Media channels, including traditional platforms like radio and television as well as digital platforms, are used to disseminate vital health information and encourage positive health behaviours. World Health Organization (2013) [24]. These channels educate communities about preventive measures, access to health services, and healthy lifestyles, but their effectiveness often depends on factors such as cultural context, audience engagement, and message clarity. Health workers, who act as intermediaries between media campaigns and the community, provide valuable insights into how these messages resonate with the public.

Traditional media platforms like radio and television remain important tools for health promotion in Zambia due to their accessibility and broad reach. Radio programs on channels like ZNBC provide essential information on disease prevention, vaccination campaigns, and nutrition, especially in low-income communities. Television, with its visual and auditory appeal, complements these efforts by broadcasting health messages to diverse audiences. For example, during the COVID-19 pandemic, Zambian media played a significant role in educating the public about preventive measures, with health officials frequently participating in televised interviews and call-in radio programs to address questions and misinformation. (Zambian Ministry of Health 2021) [26].

Digital platforms, including social media and mobile applications, have transformed health communication in Zambia by enabling rapid and interactive information dissemination. The Ministry of Health uses platforms like Facebook, Twitter, and

WhatsApp to share updates on vaccination schedules, health tips, and outbreak alerts. Innovations such as the "My Health Chat" initiative, which allows users to consult medical professionals via WhatsApp, have proven effective, particularly among younger demographics who are more digitally active. However, challenges such as the digital divide and language barriers limit the reach of these initiatives. Marginalized groups, including the elderly and low-income populations, often lack access to smartphones or the internet, reducing their exposure to digital campaigns. (Pew Research Center 2020) [19].

Cultural beliefs and traditions further influence the reception of health messages, with some communities placing greater trust in traditional healers than formal healthcare providers. To overcome these barriers, health workers play a crucial role in contextualizing and reinforcing media messages during community outreach efforts like workshops and mobile clinics. Their understanding of local needs and preferences helps bridge gaps in communication and improves the effectiveness of health promotion strategies. By examining media engagement and its impact on community health behaviours, this study seeks to identify best practices and areas for improvement to enhance health communication in Zambia.

Statement of the Problem

Despite the growing recognition of media' spotential in promoting community health, the effectiveness of these strategies in Lusaka remains underexplored. Health workers, who serve as critical links between health information and the community, often encounter challenges in disseminating health messages effectively. Preliminary observations suggest that media initiatives may not consistently reach or resonate with the target populations, leading to suboptimal health outcomes. Additionally, there is limited understanding of how various media channels are perceived by health workers in terms of their ability to engage the community, influence health behaviours, and enhance awareness of health services. This gap in knowledge raises questions about the appropriateness of the content, the clarity of messages, and the accessibility of media platforms for diverse demographic groups within Lusaka. Moreover, factors such as cultural beliefs, socio-economic barriers, and varying levels of media literacy can significantly affect the reception and impact of health messages. Without a comprehensive assessment of these dynamics, public health strategies may fail to capitalize on the full potential of media to foster health improvement. Therefore, this study seeks to investigate the effectiveness of media in promoting community health from the perspective of health workers in Lusaka. It aims to identify the strengths and weaknesses of current media efforts, provide insights into community engagement strategies, and ultimately contribute to more effective health communication practices.

Research Objectives

1. To evaluate how different media channels like radio, TV, and digital platforms are used by health workers to share health information in Lusaka.
2. To identify the key barriers and facilitators that health workers face in utilizing media for community health promotion.
3. To analyse how media campaigns influence community engagement and awareness of health services in Lusaka.

Research Questions

1. How do different media channels, such as radio, television, and digital platforms, impact the dissemination of health information by health workers in Lusaka?
2. What barriers and facilitators do health workers encounter when utilizing media for community health promotion?
3. In what ways do media campaigns influence community engagement and awareness of health services among residents of Lusaka?

Theoretical Framework

This study is grounded in two complementary theoretical frameworks: the Health Belief Model (HBM) and the Diffusion of Innovations Theory, which together provide a robust foundation for understanding health communication and behavior change. The Health Belief Model emphasizes the psychological factors that influence health-related decisions, focusing on individuals' beliefs about susceptibility to health risks, the severity of potential health issues, and the perceived benefits versus barriers to taking preventive action. It also considers external cues to action, such as media campaigns, and the importance of self-efficacy, or confidence in one's ability to adopt health-promoting behaviours. This model will be instrumental in analysing how health messages disseminated through various media channels influence community members' perceptions and motivate them to take action. Complementing this is the Diffusion of Innovations Theory, which explains how new ideas, practices, or technologies are communicated and adopted within a social system. It highlights key factors that determine the adoption of innovations, such as their perceived relative advantage, compatibility with existing cultural and social norms, complexity or ease of understanding, trialability, and the visibility of their benefits (observability). This theory will provide insights into how media campaigns are received and diffused within Lusaka's urban communities, and the role of health workers in facilitating the adoption of health-promoting behaviours. By integrating these frameworks, the study will explore the dynamic interplay between media initiatives, health workers' roles, and community responses, offering a comprehensive perspective on enhancing health communication strategies in Zambia.

Literature Review

Overview

The role of media in promoting community health has been widely studied, emphasizing its power to influence health behaviours, disseminate information, and foster community engagement. Media can be a critical tool for health education, shaping public perception and enabling communities to make informed health decisions (Wakefield, Loken, & Hornik, 2010) [22]. This literature review explores relevant studies on the effectiveness of media in health promotion, the role of health workers in community health, and the challenges faced in using media to improve health outcomes in developing regions.

Optimizing Media Channels for Effective Health Communication

This theme addresses how various media channels—radio, television, and digital platforms—are utilized by health

workers in Lusaka to share health information. The focus on media optimization is crucial as it reflects the need to tailor communication strategies to the unique preferences and accessibility of different demographics. Radio, for instance, has proven to be a versatile tool in disseminating health messages toa broad audience, including those in peri-urban areas with limited access to modern technology. Radio programs often feature health workers engaging directly with listeners, answering questions in local languages, and dispelling myths about health issues. Similarly, television provides a powerful medium for visual storytelling, enabling health workers to explain complex health concepts through visuals and dramatized scenarios, which are particularly impactful for semi-literate audiences (Chanda *et al*., 2023) [4].

Digital platforms are increasingly being integrated into health communication strategies, particularly to reach the younger, urban population in Lusaka. The accessibility of smartphones and social media platforms like Facebook and WhatsApp has enabled health workers to create targeted campaigns that are interactive and engaging. For example, short videos and infographics shared on these platforms can reach thousands within minutes, making them ideal for urgent health alerts or ongoing awareness campaigns. The choice of this theme underscores the importance of leveraging each medium's unique strengths to maximize the dissemination of health information and ensure inclusivity across diverse audiences.

Overcoming Barriers to Media Utilization in Health Promotion

This theme explores the challenges and enablers health workers face when using media for health promotion. Barriers such as limited funding, insufficient technical expertise, and the proliferation of misinformation on digital platforms significantly hinder the effectiveness of health campaigns. For example, many health workers lack the resources to secure prime airtime on radio or television, limiting their ability to reach abroad audience. Similarly, the rapid spread of health-related misinformation, especially on social media, creates confusion and erodes trust in official messages. This theme is essential because understanding these barriers is the first step toward developing practical solutions to enhance media-based health promotion (Ngoma *et al*., 2020) [16].

The theme also emphasizes the role of community involvement as a facilitator in overcoming barriers. Community leaders and influencers can act as intermediaries, amplifying health messages and building trust among their followers. For instance, during public health emergencies like cholera outbreaks, community leaders have been instrumental in reinforcing messages about hygiene and vaccination. Such partnerships not only enhance the credibility of health campaigns but also ensure that messages resonate with the cultural and social values of the community (Phiri & Banda, 2023) [20].

The Influence of Media Campaigns on Community Engagement and Awareness

This theme examines the impact of media campaigns on community engagement and awareness of health services in Lusaka. Media campaigns are powerful tools for shaping public perceptions and behaviours, especially when they involve relatable content and interactive formats. For example, campaigns that feature testimonials from individuals who have benefited from health services can inspire others to seek similar support. Digital platforms further enhance community engagement by allowing for real-time interaction between health workers and the public. These platforms enable health workers to address concerns, answer questions, and clarify misconceptions, thereby fostering trust and encouraging active participation (Chisanga *et al*., 2023).

Challenges of Media Use in Zambian Health Promotion

Zambia faces unique challenges in using media for health promotion. While radio has a broad reach, television and internet access are often limited to urban areas, leaving many rural populations reliant on limited media exposure. Infrastructure barriers, such as inconsistent electricity and limited internet, also restrict the effectiveness of media campaigns in rural areas (Chanda-Kapata & Kapata, 2018) [5]. Additionally, language diversity in Zambia requires media campaigns to be produced in multiple languages to reach different ethnic groups, increasing the complexity and cost of health promotion efforts.

Research Methodology

This chapter presents a mix research design, qualitative and quantitative to access the effectiveness of media in promoting community health in Lusaka, Zambia. It discuss the research design adopted and the sample population and how the primary data was collected and processed. Further, the chapter explains the data collection tools and highlights the validity, authenticity and reliability of the data that was collected.

Research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure (Kothari, 2004). The basic research design employed in the study is descriptive design using qualitative methods and the experimental design using quantitative.

Population is basically the universe of unit from which the sample is to be selected. According to Babbie (1992) a study population is the aggregation to element from which the sample elements actually is selected. The population of interest in this study consist of 50 representative in Lusaka.

Sample population according to (Kombo and Tromp, 2009), is a subset of a well-defined population established for data collection. The participants will be selected using a simple random sampling method (SRM). This is to ensure that all the members of the population will have equal opportunity of being selected into the sampled unit. A sampled size of 50 participants will be randomly be selected at 95% confidence level in Lusaka district, the researcher will give out questionnaires to health workers representatives in Lusaka, community member and media personnels.

Primary data was collected from 50 representative health workers through the administration of structured questionnaires which shall be administered over a period of 7 days. The Researcher ensured that ethical consideration was observed. Self-administered questionnaires allow the participants to respond to the questions by themselves and at their own pace. They ease the participants' burden by giving them the time to think through their responses (Monsen & horn, 2008).

The data collected both qualitative and quantitative in nature. However, data processing and analysis include

computations, classification and tabulations to enable the analysis to be done well. The statistical package for social sciences (SPSS) software package version 16.0 was used and linear regression was used to test the research hypothesis. Quantitative data was processed using descriptive statistic methods which include tables only for uniformity's sake, qualitative techniques was used to analyse qualitative data from the views of participants. This increased the validity and reliability of information.

Knowing too well that the researcher is not a Lusaka resident and that any source of data used for the study could have consequences, permission was sought from the district commissioner's office who grants permission to distribute questionnaires to different small and medium enterprises.

In summary, this chapter has presented the methodology on the data collection instruments, sampling methods and the data analysis tools employed in the study. The said fact of the methodology has been of paramount importance as it leads to the answering of the research questions. Ethical consideration and the validity and reliability of the research findings were also discussed under this chapter.

Presentation of Research Findings and Discussions of Results

This chapter presents the data analysis and interpretation of the data collected from the 50 administered questionnaires. The collected data was edited and cleaned for completeness in preparation for coding. Descriptive statistics such as coefficient and sig were used to analysed the data. Linear regression analysis was used to test the hypothesis understudy in relation to the objectives of the study. Analysis of variance (Anova) was used to confirm the findings of regression. The data analysed was interpreted based on the study objectives and research questions.

Presentation of results on background characteristics of the respondents

This section presents the background characteristics of the participants who participated in the research. Characteristics of all 50 participants that formed the sample of the study have been highlighted in terms of their gender and educational background as illustrated under Table 4.1 and 4.2 Participants who participated in answering the research questionnaire were 50, 30 participants were male representing 60% while 20 participants were female representing 40%. this is an indication that the researcher observed gender balance in the administration of questionnaires. It also implies that most of the health representatives in Lusaka district are men.

Table 4.1.1: Gender of the Participants

	Frequency	Percentage (%)
Validmale	30	60
Female	20	40
Total	50	100.0

Educational Background of Participants

The participants were further requested to indicate their highest level of education. It is important to consider the level of education of participants because it has an impact on the way the participants interpret the questions and it also gives a picture of how well the participants are equipped with ministry of health responsibilities. The study found out that majority (30% of the participants have attained a diploma while 20% had degrees. Those who had a Masters were at 24%. The study also showed that 16% participants attained post PHD 10% informal education.

Table 4.1.2: Education Background of Participants

Education Background	Frequency	Percentage (%)
Valid Diploma	15	30
Degree	10	20
Masters	12	24
PHD	8	16
PostPHD	5	10
Total	50	100

Age of the Participants

The findings shows that the majority of the participants were middle age aged ranging from 31 to 40 years, who accounted for 50 percent of the total sample, followed by 30 percent of the youths who were between 20 and 30 years, while 10 percent were between the age of 41 and 50 and 10 percent were above 51 years.

Table 4.1.3: Age group of the respondent

	Frequency	Percentage (%)
Valid 20–30	15	30
years	25	50
31 – 40 years	5	10
41 – 50 years	5	10
Above51	50	100
Total		

Specialisation Type

The findings of the study show that, the majority of health workers representatives in Lusaka district are medical doctors in Lusaka district are Nurses and medical doctors. However, a small number of them are clinical officers and pharmacists.

Table 4.2: Job Type

Job type	Frequency	Percentage (%)
Clinical Officers	8	16
Nurses	20	40
Medical doctors	15	30
Pharmacy	7	14
Total	50	100

Service Duration

The findings of the study show that out of the 50 who took part I of this research, 8 participants representing 16% have been in service 1-5 years, 22 of them representing 44% have been in the service 6 – 10 years, 10 of them representing 20% have been working in less than one year and those who have been in service for more than 10 years were representing 24%. This clearly indicates that only a small number health workers representatives in Lusaka district are able to thrive in service for more than 6 years, the question is what factors influence this to be so, the researcher will be able to give answers when the hypothesis are tested.

Table 4.3: Service Duration

Service Duration	Frequency	Percentage (%)
Valid less than a year	10	20%
1 – 5 years	8	16%
6 – 10 years	22	44%
More than 10 years	12	24%
Total	50	100 %

Presentation of results based on the matic are developed from objective one

What Types of Media Channels are Utilized by Health Workers to Share Health Information in Lusaka?

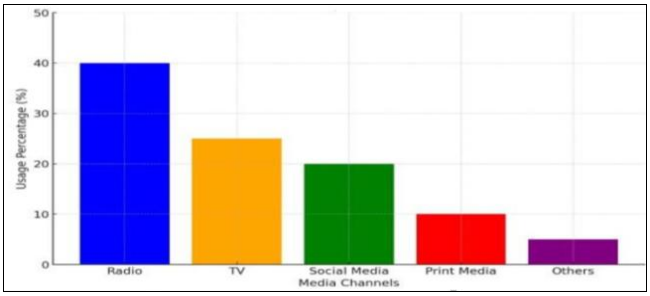
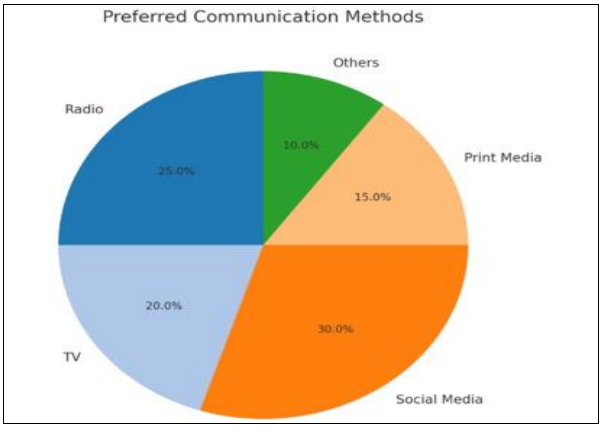


Fig 1: Media Channels Used by Health Workers for Health Promotion

Fig 1 highlights the usage of various media channels by health workers for health promotion in Lusaka, with radio being the most utilized (40%) due to its affordability, accessibility, and ability to reach both urban and rural populations. Television follows at 35%, valued for its visual appeal and ability to deliver detailed messages, while digital platforms account for 20%, reflecting their growing relevance among younger, tech-savvy audiences despite challenges like limited internet access. Print media, used by only 5%, is reserved for specific contexts like community outreach events. Health workers leverage these channels strategically, using radio for mass campaigns on issues like cholera prevention, television for visual demonstrations on maternal and child health, digital platforms for interactive content like COVID-19 updates, and print materials for chronic disease management during in-person engagements. By tailoring health messages to the strengths of each channel, they address a wide range of health challenges, ensuring comprehensive communication and community engagement.

What are the most preferred communication methods used by health workers to share health information in Lusaka?



The pie chart illustrates the preferred communication methods utilized by health workers in Lusaka, with radio taking the lead at 40%. This dominance reflects radio's wide accessibility, affordability, and ability to reach diverse populations, including those in remote areas. Television accounts for 25%, showcasing its visual appeal and effectiveness in disseminating complex health messages. Digital platforms, which include social media and mobile applications, represent 20%, indicating a growing trend in leveraging modern technology for health promotion. Although still underutilized compared to traditional media, the increasing use of digital platforms highlights their potential in reaching tech-savvy urban populations. Print media and face-to-face communication each account for 7.5%, emphasizing their role in providing detailed and personalized health information. The data indicates a significant reliance on traditional methods, but the steady integration of digital media suggests an ongoing shift in health communication practices. This blend of channels reflects the need for a multifaceted approach to address diverse community preferences and technological disparities.

What are the Key Challenges and Opportunities in Using Media for Community Health Promotion in Lusaka?

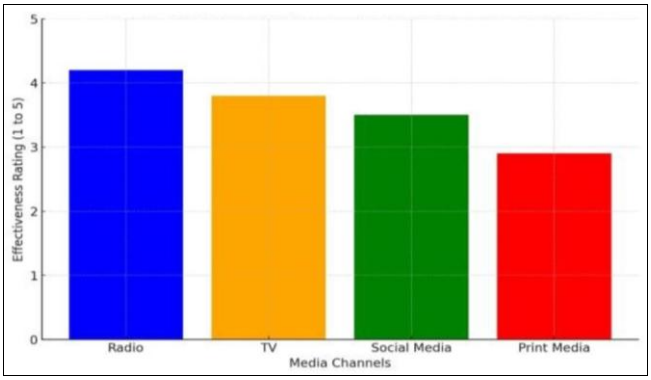


Fig 2: Perceived Effectiveness of Media Channels

Fig 2 analyzes the challenges and opportunities health workers face in using media for community health promotion in Lusaka. Asignificant challenge is limited funding, which restricts the creation, production, and distribution of quality health messages, particularly on cost-intensive platforms like television and digital media. This financial constraint hampers consistent outreach, especially in underserved areas. The digital divide presents another obstacle, as rural and low-income communities often lack internet access or smartphones, limiting the effectiveness of digital health campaigns. Similarly, irregular electricity supply affects access to traditional media like radio and television in some areas, reducing the reach of these platforms. Despite these challenges, radio emerges as a key opportunity for health promotion due to its affordability, accessibility, and widespread use.

Presentation of results based on thematic are developed from objective two

What Barriers and Facilitators do Health Workers Face When Utilizing Media for Community Health Promotion in Lusaka?

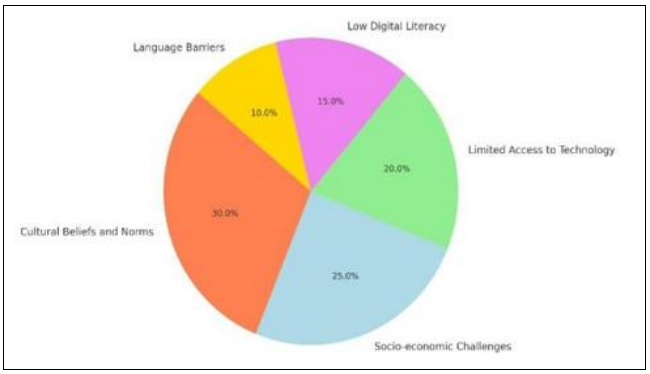


Fig 3: Barriers to Effective Media Usage

Fig 3 highlights key barriers and facilitators in using media for community health promotion in Lusaka. Limited access to media infrastructure, such as unreliable electricity and internet connectivity, is a significant barrier, particularly in low-income or rural areas where television and digital platforms are often inaccessible. Cultural and linguistic diversity further complicates health messaging, as workers must navigate varying beliefs, traditions, and languages, often leading to resource-intensive adaptations.

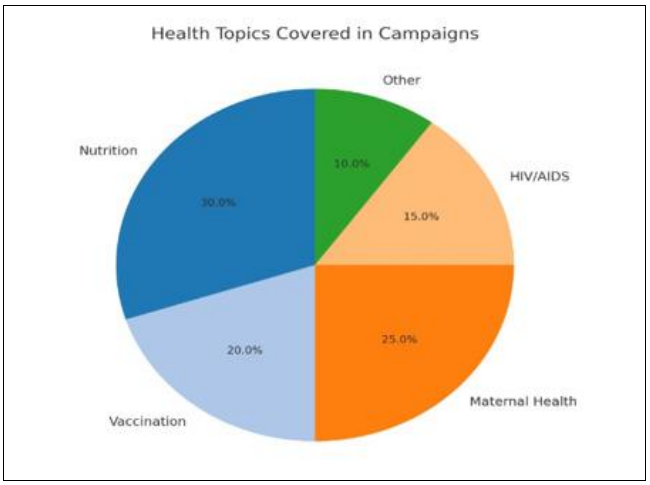
Presentation of results based on thematic are developed from objective three

How do Media Campaign Programs Influence Community Engagement and Awareness of Health Services in Lusaka?

Community engagement level over time	Percentage (%)
Pre-campaign engagement	35
Duringc ampaign engagement	40
Post-campaign engagement	25

The pie chart analyses community engagement during different stages of media campaigns. Engagement is highest during the campaign period, at 40%, indicating that active promotion, advertisements, and events successfully draw community participation. Pre-campaign engagement follows at 35%, show casing efforts like teaser messages and stakeholder meetings that build anticipation. Post-campaign engagement accounts for 25%, reflecting follow-ups such as feedback collection and ongoing support programs. This distribution suggests that while campaigns effectively generate immediate impact, sustaining community interest and participation post-campaign remains a challenge. The data emphasizes the importance of a well-rounded strategy that balances pre-campaign ground work, active campaigning, and post-campaign reinforcement. Enhancing post-campaign activities, such as establishing support groups or long-term health education programs, could ensure sustained community benefits and a deeper impact. The findings highlight the dynamic role of timing in determining the overall success of media campaigns and their influence on community health promotion.

What health topics are mostly covered by media campaigns in Lusaka?



The chart highlights the distribution of health topics covered in media campaigns in Lusaka. HIV/AIDS awareness leads with 30%, reflecting the priority given to combat this long-standing public health challenge. Malaria prevention follows at 25%, underscoring its prevalence in the region and the continuous efforts required to mitigate its impact. Maternal health, with 20%, emphasizes the focus on improving outcomes for mothers and infants. Child immunization accounts for 15%, showcasing efforts to enhance early childhood health and reduce mortality rates. The remaining 10% includes topics such as hygiene, nutrition, and non-communicable diseases. This distribution indicates that campaigns are primarily directed toward addressing prevalent and high-risk health issues in the community. However, the smaller percentage for other topics suggests room for diversifying campaigns to cover emerging health concerns like mental health and chronic illnesses. Overall, these campaigns reflect targeted efforts to enhance community health, though they may benefit from broader inclusion of other critical health issues.

What health behavioural changes was reported before and after campaigns?

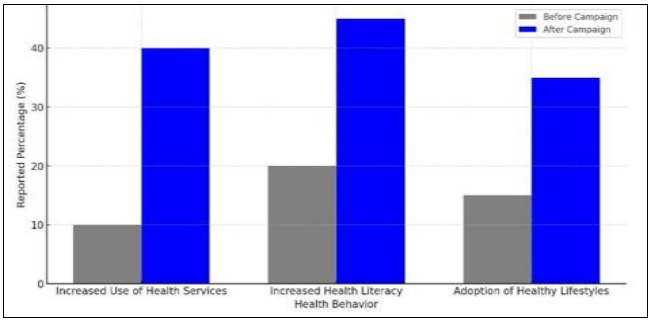
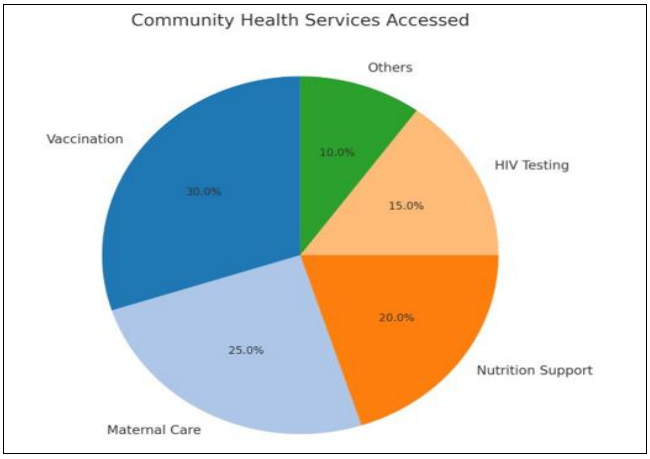


Fig 4: Health Behavior Changes Reported Before and After Campaigns

Fig 4 compares reported behaviour changes before and after health campaigns. The grouped bar chart reveals significant improvements in behaviours like vaccination uptake, healthy eating habits, and exercise post-campaign. For example, vaccination rates increased by 30% following campaigns

that utilized multiple media channels alongside health worker engagement. This indicates the effectiveness of integrated health promotion strategies in fostering positive behaviour change. However, areas with minimal improvements highlight the need for ongoing reinforcement and addressing systemic barriers, such as access to healthcare services and socio-economic constraints. These findings highlight the transformative impact of media campaigns on community health behaviours. However, they also point to the importance of combining media efforts with other interventions, such as community workshops and policy changes, to ensure long-term behaviour change and improved health outcomes.

Which community health services are most accessed due to media in Lusaka?



The pie chart depicts the community health services accessed as a result of media campaigns. Vaccination services are the most utilized, at 35%, reflecting the success of campaigns in promoting immunization to prevent communicable diseases. Maternal and child health services follow at 30%, highlighting the focus on improving outcomes for mothers and infants. HIV/AIDS testing and counseling account for 20%, showing the importance of campaigns in encouraging early diagnosis and treatment. Nutrition programs and general health check-ups constitute 15%, emphasizing the broader impact of campaigns on overall health awareness. The findings indicate that media campaigns effectively drive community engagement in critical health services. However, the lower utilization of nutrition and general check-up services suggests a need for more targeted campaigns addressing these areas. These insights underline the role of media in promoting public health while identifying gaps that require attention for a more comprehensive impact on community health.

Summary of key findings

Radio and Tv as primary channels; health workers most frequently use radio and TV due to their broad reach, with radio rated as the most effective media channel.

Challenges in reaching diverse populations; barriers such as cultural beliefs, socio-economic factors, and digital literacy significantly hinder media effectiveness.

Positive influence on engagement and behaviour; media campaigns were observed to improve community engagement and health awareness, particularly in preventive health behaviours.

Conclusion and Recommendations

Conclusions

This study underscores the significant role that media plays in promoting community health globally, within Africa, and specifically in Zambia. Globally, media channels such as television, radio, and digital platforms have shown their ability to raise awareness, improve health literacy, and encourage positive health behaviours. In Africa, radio and mobile health (mHealth) platforms are particularly valuable, bridging gaps in areas where healthcare infrastructure is limited. Zambia's experience highlights the importance of media campaigns in addressing health issues such as HIV/AIDS, tuberculosis, and maternal health, especially when supported by the active involvement of local health workers.

However, media-based health promotion faces several challenges. Globally, achieving sustainable behaviour change requires more than just media exposure; it calls for continued community engagement and access to healthcare services. In Zambia, limitations such as language diversity, infrastructure gaps, and the digital divide hinder the reach and impact of media campaigns, particularly in rural areas. Health workers play a crucial role in contextualizing media messages, providing culturally relevant information, and ensuring that health messages are well understood and actionable within their communities.

Recommendations

Enhance Media Accessibility in Rural Areas: To improve the reach of health promotion efforts, the government and media organizations should invest in expanding access to media in rural areas. This could include subsidizing radio programs, increasing access to mobile networks, and ensuring reliable electricity supplies, especially for broadcasting health-related content.

Promote the Integration of Health Workers in Media Campaigns: Health promotion initiatives should actively involve health workers who can contextualize and reinforce media messages. By training health workers to use media effectively, Zambia can strengthen the credibility and local relevance of health campaigns, especially in underserved areas.

Leverage Mobile Health (mHealth) Solutions: Given the rising mobile phone usage in Zambia, health authorities should continue to adopt mHealth solutions, such as SMS-based health information systems. These solutions can deliver timely health messages, reminders, and advice to large numbers of people, especially where access to other forms of media is limited.

Develop Multilingual Health Campaigns: To address Zambia's linguistic diversity, health messages should be disseminated in multiple languages. This will ensure that health information is understandable and relatable, making it accessible to people across different ethnic groups.

Focus on Social Media to Engage Youth: Social media campaigns should be prioritized to reach Zambia’s growing youth population, who are more active on platforms like Facebook and WhatsApp. Health authorities should tailor messages for this demographic, addressing key issues such as sexual health, mental health, and substance abuse.

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References

1. Abroms LC, Maibach EW. The effectiveness of mass communication to change public behavior. Annual Review of Public Health. 2008; 29:219-234. Doi: https://doi.org/10.1146/annurev.publhealth.29.020907.090824
2. Adebayo A. Media ownership and journalism practice in Nigeria. Journal of African Media Studies. 2019; 11(2):133-148.
3. Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: A fundamental concept for public health practice. Annual Review of Public Health. 2009; 30:175-201. Doi: https://doi.org/10.1146/annurev.publhealth.031308.100134
4. Chanda R, Mumba C, Kalaba P. Media and Health Communication: An Analysis of Urban Outreach Strategies in Zambia. Lusaka Journal of Health Studies. 2023; 15(2):45-60.
5. Chanda-Kapata P, Kapata N. The use of social media in public health communication: A scoping review. BMC Public Health. 2018; 18:1176. Doi: https://doi.org/10.1186/s12889-018-6059-9ealth website]
6. Freimuth VS, Linnan HW, Potter P. Communicating the threat of emerging infections to the public. Emerging Infectious Diseases. 2001; 6(4):337-347. Doi: https://doi.org/10.3201/eid0604.000417
7. Harrison LA, *et al*. Cultural Influences on Health Communication. Journal of Health Communication. 2019; 24(5):471-485.
8. Hornik R, McAnany E. Mass media and fertility change. In J. B. Casterline (Ed.), Diffusion Processes and Fertility Transition: Selected Perspectives. National Academy Press, 2001, 208-239.
9. Hornik R, Yanovitzky I. Using theory to design evaluations of communication campaigns: The case of the National Youth Anti-Drug Media Campaign. Communication Theory. 2003; 13(2):204-224. Doi: https://doi.org/10.1111/j.1468-2885.2003.tb00289.x
10. Källander K, Tibenderana JK, Akpogheneta OJ, Strachan DL, Hill Z, Ten Asbroek AH, *et al*. Mobile health (mHealth) approaches and lessons for increased performance and retention of health care workers in low- and middle-income countries: A review. Journal of Medical Internet Research. 2013; 15(1):e17. Doi: https://doi.org/10.2196/jmir.2130
11. McGinnis JM, *et al*. Media and Health: The Role of Communication in Health Promotion. American Journal of Public Health. 2018; 108(4):459-466.
12. Moorhead SA, Hazlett DE, Harrison L, Carroll JK, Irwin A, Hoving C. A new dimension of health care: Systematic review of the uses, benefits, and limitations of social media for health communication. Journal of Medical Internet Research. 2013; 15(4):e85. Doi: https://doi.org/10.2196/jmir.1933
13. Moyo T, Chilufya E. Sustaining Health Campaigns in Urban Zambia: The Role of Media Infrastructure. Lusaka Health Quarterly. 2023; 19(2):65-84.
14. Mulenga D, Mwale K, Chomba B. Combating Health Misinformation in Zambia: A Case for Media Partnerships. African Health Communications Review. 2022; 8(4):233-249.
15. Muturi N, Mwangi S. Health communication and socio-cultural factors in HIV/AIDS prevention in Kenya. Journal of African Media Studies. 2011; 3(2):281-298. Doi: https://doi.org/10.1386/jams.3.2.281_1
16. Ngoma J, Phiri S, Banda T. Barriers to Digital Health Campaigns: A Study of Lusaka's Health Sector. Zambia Digital Insights Journal. 2020; 12(1):78-95.
17. Noar SM. A 10-year retrospective of research in health mass media campaigns: Where do we go from here? Journal of Health Communication. 2006; 11(1):21-42. Doi: https://doi.org/10.1080/10810730500461059
18. Noar SM, Benac CN, Harris MS. Does tailoring matter? Meta-analytic review of tailored print health behavior change interventions. Psychological Bulletin. 2009; 135(4):673-693. Doi: https://doi.org/10.1037/a0015709
19. Pew Research Center. Social Media Fact Sheet, 2020. Retrieved from: https://www.pewresearch.org/internet/fact-sheet/social-media/
20. Phiri S, Banda T. Facilitators of Media Utilization in Public Health: Insights from Lusaka. Journal of African Health Communication. 2023; 14(3):102-115.
21. Smith DJ, Fritz K. Community-based health education in rural Zambia: The case of HIV/AIDS. Global Public Health. 2008; 3(1):20-36. Doi: https://doi.org/10.1080/17441690701589743
22. Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. The Lancet. 2010; 376(9748):1261-1271. Doi: https://doi.org/10.1016/S0140-6736(10)60809-4
23. Westoff CF, Bankole A. Mass media and reproductive behavior in Africa. Demographic and Health Surveys Analytical Reports, No. 2. Macro International Inc, 1997.
24. World Health Organization. Global action plan for the prevention and control of no communicable diseases 2013-2020. World Health Organization, 2013.
25. World Health Organization. Zambia Health Profile, 2020. Retrieved from [WHO website].
26. Zambian Ministry of Health. Health Communication Strategies in Zambia, 2021. Retrieved from [Zambian Ministry of Health]
27. Zimba K. Investigative journalism in Zambia: Challenges and prospects. Journal of African Media Studies. 2022; 14(1):49-64.